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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| LC5-33571 |

Office Use Only



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SECRETARIASSEE, FLORIDA

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: SFA Properties, LLC (Name of | f Limited Liability Company) |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning | ng this matter to the following: |
| Stacia S. Feinberg (Name of Person) | ······································ |
| SFA Properties, LLC (Firm/Company) | Politicis |
| 800 Village Square Crossing, Su | ite 337 |
| Palm Beach Gardens, FL 33410 (City/State and Zip Code) | |
| For further information concerning this mat | tter, please call: |
| Stacia S. Feinberg (Name of Person) | at (561) 714-0657 (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following | ng amount: |
| | \$55 Filing Fee & Certified Copy |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name of the limited liability company is: SFA Properties, LLC | | | |
|---|--|---|---|
| 2. The mailing address of the limited liability company is: 800 Village Square Cross | ing, Suite | e 337 | |
| Palm Beach Gardens, FL 33410 | | | |
| April 4, 2005 L05000033571 | | | |
| 3. Date of filing/registration in Florida 4. Document number | | | |
| 5. The name of the registered agent and the registered office address as shown on the rec Florida Department of State: | ords of th | 1e | |
| Feinberg, Stacia | | | |
| Name 135 Rockingham Road Address | | | |
| Jupiter, FL 33458 | _ | | |
| City, State and Zip | 图图 |)S | |
| 6. The name and address of the new registered agent and/or office: | 至岩 | NO. | |
| Feinberg, Stacia | | 05 NOV 28 PH | į |
| Name 800 Village Square Crossing, Suite 337 | ini _C | 2 | (|
| Florida street address (P.O. Box NOT acceptable) | <u> </u> | Ŧ. | |
| Tional stroet address (1101 Don 110 1 deception) | BA H | 2 | |
| Palm Beach Gardens, FL 33410 | D. | w | |
| City, State and Zip | | | |
| If the limited liability company is not organized under the laws of the State of Florida, it confirmed that after the change or changes are made, the Florida street address of the reg and the business office of the registered agent will be identical. Or, in the case of a Flori liability company, it is hereby confirmed that the change(s) was/were authorized by an at of the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) | istered of da limited ffirmative | ffice d vote | |
| Stacia S. Feinberg, Manager | | | |
| (Printed or typed name of signee) | | | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performant and I am familiar with and accept the obligations of my position as registered agent as p Chapter 188 F.S. Or, if this document is being filed to merely reflect a change in the resaddress I hereby confirm that the limited liability company has been notified in writing to | further ag e of my d rovided fo gistered o of this cha | ree to uties, or in ffice inge. | |

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)